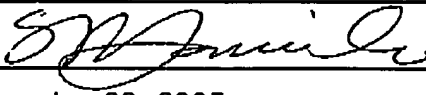
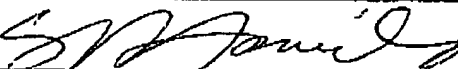


Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	10/733,859	RECEIVED CENTRAL FAX CENTER NOV 23 2005
	Filing Date	December 11, 2003	
	First Named Inventor	Gerd HEXELS	
	Group Art Unit	1775	
	Examiner Name	Ula Corinna RUDDOCK	Fax: (571) 273-8300
Total No. of Pages in this Submission: 11	Attorney Docket Number	LORWER P27AUS	
ENCLOSURES (check all that apply)			
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee attached <input checked="" type="checkbox"/> Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request (In Duplicate) <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Part/s Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition <input type="checkbox"/> To Convert a Provisional Petition <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Small Entity Statement <input type="checkbox"/> Request for Refund	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Additional Enclosure(s) (please identify below):	
REMARKS			
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm or Individual Name	Scott A. DANIELS DAVIS & BUJOLD, P.L.L.C.		Reg. No. 42,462 CUSTOMER NO. 020210
Signature			
Date	November 23, 2005		
CERTIFICATE OF TRANSMISSION			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO on <u>November 23, 2005</u>			
Type or printed name	Scott A. DANIELS		
Signature			
	Date: November 23, 2005 (lfb)		

11/23/05

PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of : Gerd HEXELS
Serial no. : 10/733,859
Filed : December 11, 2003
For : THERMAL CAMOUFLAGE SHEET
Group Art Unit : 1775
Examiner : Ula Corinna Ruddock
Docket : LORWER P27AUS

RECEIVED
CENTRAL FAX CENTER
NOV 23 2005

The Commissioner for Patents
U.S. Patent & Trademark Office
P. O. Box 1450
Alexandria, VA 22313-1450

RESPONSE

Dear Sir:

[XXX] NO FEES ARE PAYABLE WITH RESPECT TO THIS RESPONSE.

In response to the official action mailed August 24, 2005, please enter the following before reconsideration of this application.

In the Claims:

Please amend claim 17 and add new claims 35 and 36 as follows in which the claim additions are shown by underlining and/or the claim deletions are shown by strikeout or brackets. Please enter the amended and new claims into the record of this case.